



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-5747
FAX: (208) 364-1811

October 18, 2007

Geraldine Stanfield, Administrator
The Cottages of Meridian at Bridgetower
3173 West Belltower Drive
Meridian, ID 83642

License #: RC-802

Dear Ms. Stanfield:

On September 7, 2007, a complaint investigation survey was conducted at The Cottages of Meridian at Bridgetower - Cottage Investors II, LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Sydnie Braithwaite, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Sydnie Braithwaite".

SYDNIE BRAITHWAITE, RN
Health Facility Surveyor
Residential Community Care Program

SB/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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October 16, 2007

Geraldine Stanfield, Administrator
The Cottages of Meridian at Bridgetower
3173 West Belltower Drive
Meridian, ID 83642

Dear Ms. Stanfield:

On September 7, 2007, a complaint investigation survey was conducted at The Cottages of Meridian at Bridgetower. The facility was found to be providing a safe environment and safe, effective care to residents.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by October 7, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'JS', with a stylized flourish at the end.

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/sc

Enclosure



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October 16, 2007

Geraldine Stanfield, Administrator
The Cottages of Meridian at Bridgetower
3173 West Belltower Drive
Meridian, ID 83642

Dear Ms. Stanfield:

On September 7, 2007, a complaint investigation survey was conducted at The Cottages of Meridian at Bridgetower. The survey was conducted by Debbie Sholley, LSW and Sydnie Braithwaite, RN. This report outlines the findings of our investigation.

Complaint # ID00003065

Allegation #1: The facility did not follow a physician's diet order for a reduced calorie diabetic diet for a resident.

Findings: On September 6, 2007 at 11:50 a.m., the identified resident's record was reviewed. An original signed order for a 1400 Calories ADA diet with 80 grams of carbohydrate was found in this record.

On September 6, 2007 at 1:30 p.m., the administrator was interviewed. She stated that the facility chef is always informed in writing whenever a resident is on a special diet. She also stated that the identified resident was cognizant and able to choose foods appropriately. However, The identified resident would refuse to follow her diet at times; for example, helping herself to regular ice cream instead of the low-calorie ice cream offered to her by staff. There were also times when the administrator would see the identified resident with a "handful of cookies".

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #2: The facility kitchen staff did not treat a resident (###) with dignity, or respect her privacy. On June 3, 2007 in front of eleven residents and one staff member, the facility chef said to the resident, "Hey (###), I heard you had a conversation about your diabetes and your diet with your daughter. What's going on?"

Geraldine Stanfield, Administrator

October 16, 2007

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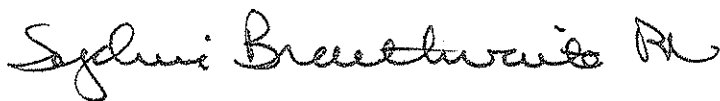
Findings: Both the chef and the caregiver on duty that day no longer work at the facility. When contacted by phone, the chef said he remembered the identified resident but could not recall this conversation. The identified resident was also interviewed by phone; she said she could not recall this conversation. An attempt was made to speak with the caregiver but the person who answered the phone said he did not live there anymore.

The administrator stated she had spoken with the identified resident's daughter, and offered to call her back after her investigation but the daughter declined her offer.

Conclusion: Unsubstantiated. Although the allegation may have occurred, it could not be validated during the complaint investigation.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sybil Brechtman".

DEBBIE SHOLLEY, LSW

Team Leader

Health Facility Surveyor

Residential Community Care Program

DS/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program
Debbie Sholley, LSW, Health Facility Surveyor



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October 16, 2007

Geraldine Stanfield, Administrator
The Cottages of Meridian at Bridgetower
3173 West Belltower Drive
Meridian, ID 83642

Dear Ms. Stanfield:

On September 7, 2007, a complaint investigation survey was conducted at The Cottages of Meridian at Bridgetower. The survey was conducted by Debbie Sholley, LSW and Sydnie Braithwaite, RN. This report outlines the findings of our investigation.

Complaint # ID00003174

Allegation #1: The facility discharged an identified resident without giving the resident a 30 day notice of discharge.

Findings: Based on interview and record review it was determined the facility did not provide the resident with a 30 day written notice of discharge in a non emergency situation.

Conclusion: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.221.01.a for failure to provide a 30 day written notice of discharge in a non emergency situation. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The identified resident's gold heirloom bracelet came up missing while she was a resident at the facility. The resident's family filed a complaint but the facility did not complete an investigation or attempt to locate the bracelet.

Findings: Based on interview and record review it could not be determined the facility failed to complete a complaint investigation or failed to search for the resident's bracelet.

The resident's record contained a written investigation dated July 31, 2007, in which the administrator documented the facility's attempt to locate the bracelet by searching the other resident rooms and attaining written statements from staff who were on duty at the time the bracelet was discovered missing. Additionally, the facility notified the local police department and filed a report of possible theft.

On September 6, 2007 at 10:30 a.m., the administrator and the licensed nurse stated they did everything they could to investigate the complaint and locate the resident's bracelet. They stated it was 2:30 in the afternoon on July 31, 2007 when the resident realized and reported the bracelet was missing. They stated they went back and searched the shower room where the resident last remembered seeing the bracelet. They stated they then searched the entire facility, and attained written statements from the staff person who was on duty that morning and afternoon shift. When they could not locate the bracelet in the facility they notified the local police and filed a report on the missing bracelet.

Conclusion: Unsubstantiated. Although the allegation may have occurred, it could not be validated during the complaint investigation.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

A handwritten signature in cursive script, appearing to read "Debbie Sholley".

DEBBIE SHOLLEY, LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

DS/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program
Debbie Sholley, LSW, Health Facility Surveyor



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Cottages of Meridian at Bridge Tower</i>	Physical Address <i>3173 West Bell Tower Drive</i>	Phone Number <i>(208) 288-2220</i>
Administrator <i>Gerardine Stamford</i>	City <i>Meridian</i>	ZIP Code <i>83642</i>
Survey Team Leader <i>Debbie Sholley</i>	Survey Type <i>Complaint</i>	Survey Date <i>9/7/07</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
	16.03.22			
1	221.01.a	The facility failed to provide a resident 30 days written notice of discharge for a non emergency.	9/10/07	SB 9/10/07
2	221.03.a			
2	310.01.b	The facility failed to keep cleaning chemicals + toxins in a locked area and/or cabinet.	9/7/07 9/28/07	SB 10/16/07
3	350.02	The facility did not complete a written investigation of all incidents + complaints.	9/10/07	SB 10/16/07
4	350.04	The facility did not respond in writing within 30 days of receiving a verbal complaint from a family member.	9/11/07	SB 10/16/07
5	411.04	The facility did not document Resident #2's refusal of care nor notify the resident's physician of refusal of care for a diabetic diet.	9/13/07	SB 10/16/07

Response Required Date <i>10/7/07</i>	Signature of Facility Representative <i>Gerardine Stamford</i>	Date Signed <i>9/7/07</i>
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